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Form 990-P	F
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OMP 140	1343-0032
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	_ Q	เจก	-PF				eturn of r							ONID NO	1343-0032
Department of the Treasury				ction 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation				2M r			nna				
Internal Revenue Service Note: The foundation may be For calendar year 2009, or tax year beginning				be able to use a copy of this return to satisfy state reporting r							<u> </u>				
_				or ta	x year begi	nning			01 , 2009,				T	06/3	30 ,20 10
G	Che	ck all th	hat apply	_	Initial retu	ım	Initial		f a former pu	ublic chai	ity			Final ret	urn
_					Amended	return		Addres	s change		1	Name chan	ge	_	
			Name of fo	undat	tion							A Employe	er identifi	cation numb	er
ı	Jse th	ne IRS										i			
	iat	el.	KIRK H	JMAN	ITARIAN								20-	3920671	
		wise,	Number ar	d stre	et (or PO bo	x number if r	mail is not delivered	to street a	address)	Room/s	uite	B Telephone r	number (see p	age 10 of the instr	uctions)
		int													
	-	ype.	201 SOT	JTH	MAIN ST	REET, S	SUITE 1100			1			(80	1) 578	-6966
		pecific ctions.	City or tow	n, stat	te, and ZIP co	ode				•		C If exempts	on applicati theck here	on is	
•		ouons.												ons, check here	,``▶□
			SALT LA	AKE	CITY, U	г 84111	1						-	ons meeting the	
н	Che	ck type	of organiz				c)(3) exempt pr	ivate foi	ındatıon			85% te	st, check he	ere and attach	
Ϊ	_		_		mpt charitable				vate foundati	on		сопри	uation .		,
+			t value of a				unting method			crual		I - '		tatus was term	
•			m Part II, c				ther (specify)	٠٠, ٥٠	3311 ACC	J. Gai			• • •	1)(A), check he	
	•	• \$	un Fait ii, C	٠,	, 164.		column (d) mu	st he on	cash hasis					a 60-month ter 1)(B), check he	_
F			rain of Pay		and Expen			01 20 07	, cacir bacie,	<u>′</u>	Т	1 dilder sed	1011 307 (0)(ursements
ш	ail	total o	f amounts ir	colur	nns (b), (c), a	nd (d)	(a) Revenue		(b) Net inve	estment	((c) Adjusted	net		aritable
		may n	ot necessar	ly equ	ial the amour I of the instru	its in	expenses books	ber	incon	ne		income			poses
-	Γ.					- //	125	,000.	Amcii :		+			(cash b	asis only)
	1		if the	s, etc , n e found	eceived (attach so lation is not re	chedule) .	. 123	,000.	ATCH_	1	+				
	2	Check	atta	ch Sch	В			4 .		4	╁		4.	7 mcii	
	3		•	•	orary cash inve			4 -		4			4.	ATCH	
	4				om securities						+				
	5 a	Gross	rents								+				
	b	Net rent	al income or (loss) _							+		-		
Revenue		Gross s	or (loss) from ales price for a on line 6a		of assets not on	line 10					-				
eve	7			ome (from Part IV,	line 2)									
ď	8		•		in										<u> </u>
	9		•	-	··· · · · · · ·										
	10 a	Gross sa	ales less retur wances	ns											
	Ь		wances • • ost of goods s												
			_	_	ach schedule	1					1				
	11	-			edule)						 				
	12				h 11		125	,004.		4			4.		
	13				rectors, trustees										
	14				and wages								-		
S	15		n plans, em								1				
Operating and Administrative Expenses	16 a			•	ule)		2	,613.		D	-	100			2,613
χpe					chedule)		4	,775.			FU	EIVE	n		4,775
Ü	l				attach sched		36	,000.	1	8			=		36,000.
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tra	18				page 14 of the in					<u> </u>	' '` 	1 0 ZUII		İ	
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Ξ	20					-			- i	_ 06	1	-M 11			
¥	21		-		meetings .		34	,814.					i i		34,814.
ā	22							,							
ğ	23	-			schedule) A		35	,091.			1		60.		60
äţi	24				ninistrative e						+-				
Jer.	•••		es 13 throug			· .	113	,293.					60.		78,262.
ŏ	25		-		ts paid			,335.							694,335
	25 26		-	-	ents Add lines:			,628.			+		60.		772,597
_	27		ct line 26 fro			<u>∠4 anu</u> 25	 	, 520.	_		T				
					: 12 ses and disburse	mente	-682	,624.							
					(if negative,			,		4					
							1								

c Adjusted net income (if negative, enter -0-). .

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. * ATCH 3 JSA 9E14102 000 764 68 K 3667 2/23/2011 11:47:33 AM V 09-9.3

Form **990-PF** (2009)

-0-

art II Balance Sheets description column should be for end-of-year	Beginning of year	End of ye	ear
amounts only (See instructions)	(a) Book Value		(c) Fair Market Value
1 Cash - non-interest-bearing	1,934.	3,164.	3,164.
2 Savings and temporary cash investments			
3 Accounts receivable ▶	+		
Less allowance for doubtful accounts			
4 Pledges receivable ▶			
Less allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons (attach schedule) (see page 16 of the instructions)			
7 Other notes and loans receivable (attach schedule)			
Less allowance for doubtful accounts			
8 Inventories for sale or use	•		
9 Prepaid expenses and deferred charges			
10 a Investments - U.S. and state government obligations (attach schedule)		-	
b Investments - corporate stock (attach schedule)	-		
i i			
c Investments - corporate bonds (attach schedule)			
(attach schedule)			
12 Investments - mortgage loans			
13 Investments - other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation			
(attach schedule)	16,465.	8,232.	
15 Other assets (describe ► ATCH 5)	10,403.	0,232.	
16 Total assets (to be completed by all filers - see the	18,399.	11,396.	3,164.
instructions Also, see page 1, item I)		0.	3,104.
17 Accounts payable and accrued expenses	34,379.	<u> </u>	
18 Grants payable			
19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons .			
21 Mortgages and other notes payable (attach schedule)			
22 Other liabilities (describe ATCH_6)	0.	710,000.	
23 Total liabilities (add lines 17 through 22)	34,379.	710,000.	
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.		-"	
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117,			
check here and complete lines 27 through 31.			
Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Zapıtal stock, trust principal, or current funds			
28 Paid-in or capital surplus, or land, bldg , and equipment fund			
28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions)	-15,980.	-698,604.	
30 Total net assets or fund balances (see page 17 of the		,	
Total flet assets of fullu balances (see page 17 of the	-15,980.	-698,604.	
	13,300.	030,001.	
	18 200	11,396.	
of the instructions)	18,399.	11,390.	
art III Analysis of Changes in Net Assets or Fund		- division in the contract of	
Total net assets or fund balances at beginning of year - Part II, co			15 000
end-of-year figure reported on prior year's return)			-15,980.
			-682,624.
Other increases not included in line 2 (itemize)		3	
Add lines 1, 2, and 3			
		 -	-698,604.
Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line		4	-698,604.

Fon	m 990-PF (2009)		20-39206	71		Page 3
_	<u> </u>	s and Losses for Tax on Inv	restment Income			
	(a) List and	d describe the kind(s) of property sold (e	g , real estate,	(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a		tex wateriouse, or common stock, 200 s	ins wile co /	D-Donation	(110 , 00), 11 /	
b		· · · · · · · · · · · · · · · · · · ·				
C -				<u> </u>		
<u>d</u>						-
<u>ч</u>						
<u> </u>		(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	L
	(e) Gross sales price	(or allowable)	plus expense of sale	ĺ	(e) plus (f) minu	
a						
b						
d						
e						
C	omplete only for assets sho	wing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) or
a						•
b				1		
c				<u> </u>		
d						
e						
_	0 11	, , , , , , , , , , , , , , , , , , ,	gain, also enter in Part I, line 7			
2	Capital gain net income or (net capital loss) {	(loss), enter -0- in Part I, line 7	2		
3	Net short-term capital gain	or (loss) as defined in sections 1222	2(5) and (6)			
		ine 8, column (c) (see pages 13 and				
		ıne 8		3		
P	art V Qualification Un	der Section 4940(e) for Reduc	ed Tax on Net Investment Inc	ome		
(Fo	or optional use by domestic	private foundations subject to the se	ection 4940(a) tax on net investmen	t income)		
lf s	ection 4940(d)(2) applies, le	eave this part blank				
		part and part and				
Wa	is the foundation liable for t	he section 4942 tax on the distributa	able amount of any year in the base	period?		Yes X No
		ot qualify under section 4940(e) Do		•		
1		`	ee page 18 of the instructions before	makıng a	any entries	
_	(a)	(b)	(c)		(d)	· · · · · · · · · · · · · · · · · · ·
C	Base репоd years alendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
_	2008	544,623.	36,726.			4.829358
	2007	1,105,245.	22,281.	†		9.604820
_	2006	385,073.	9,646.	1		9.920485
	2005	22,212.	7,530.	 -		2.949801
_	2004					
_				†		
2	Total of line 1, column (d)			2	10	7.304464
		or the 5-year base period - divide th	e total on line 2 by 5, or by the			
•	-	ation has been in existence if less t		3	2	6.826116
	number of years the lound	ation has been in existence in less t	han 5 years			0.020110
A	Enter the net value of near	charitable-use assets for 2009 from	Part Y June 5			10,182.
4	Enter the net value of none	chantable-use assets for 2009 from	Part A, line 5	4		10,102.
_	Million line 4 his line 2			[_ [277 144
5	Multiply line 4 by line 3			5		273,144.
_	Estat AN SEC. 1	A				
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		
_				_		000 1
7	Add lines 5 and 6			7		273,144.
8	Enter qualifying distribution	ns from Part XII, line 4	n waa san na tan na a talaharan.	8		772,597.
_	If line 8 is equal to or green Part VI instructions on page	eater than line 7, check the box \circ	in Part VI, line 1b, and complete	tnat part	using a 1% ta:	rate See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the installation of the ins	tructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
C	Tax paid with application for extension of time to file (Form 8868) 6c 0 .			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$\ \\$ (2) On foundation managers \$\ \\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5_		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) UT,	. '		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G?If "No," attach explanation	8b	Х	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses ATTACHMENT 7	10		X
		orm 99	90-PF	(2009)

Fa	990-PF (2009) 20-3920671			Page 5
	t VII-A Statements Regarding Activities (continued)		'	age 3
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	ГТ		
"	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11	Ì	х
42	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
12	August 17, 2008?	12		Х
13		13		
13	NI/A			
14	Website address ► N/A The books are in care of ► RONALD MOFFIT Telephone no ► 801–579	3-696	6	
	Located at ▶201 SOUTH MAIN STREET, SUITE 1100 SALT LAKE CITY, UT ZIP+4 ▶ 84111			
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · · · · · · · · · · · · · ·		>	
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	-		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	İ		
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a penod after			
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b		Х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			

Х

4a

4b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form 990-PF (20	09)		20-392	0671	Page 6
Part VII-B	Statements Regarding Activities for	Which Form 47	20 May Be Requir	ed (continued)	
5a During the (1) Carri (2) Influe direct (3) Province (4) Province (5) Statements Regarding Activities for the year did the foundation pay or incur any amount by on propaganda, or otherwise attempt to influence ence the outcome of any specific public election (sity or indirectly, any voter registration drive? Inde a grant to an individual for travel, study, or otherwise a grant to an organization other than a chantal tion 509(a)(1), (2), or (3), or section 4940(d)(2)? (see the for any purpose other than religious, charitable coses, or for the prevention of cruelty to children or inswer is "Yes" to 5a(1)-(5), did any of the transitions section 53 4945 or in a current notice regard attors relying on a current notice regard attors relying on a current notice regarding disaster is "Yes" to question 5a(4), does the foundation it maintained expenditure responsibility for the graattach the statement required by Regulations sectional benefit contract?	to elegislation (section 48 ee section 4955), or to ee section 4955), or to er similar purposes? ole, etc., organization de page 22 of the instructions fail to qualifying disaster assistance check her in claim exemption from th?	20 May Be Require 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 245(e))? 246(e))? 246	Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No described in nstructions)?	5b	
	oundation, during the year, pay premiums, directly to 6b, file Form 8870	or indirectly, on a pers	sonal benefit contract?		6b X
7a At any ti	me during the tax year, was the foundation a party	to a prohibited tax she	elter transaction?	. Yes X No	·
	d the foundation receive any proceeds or have any				7b X
Part VIII	Information About Officers, Directors and Contractors	s, Trustees, Foun	idation Managers	, Highly Paid Emp	loyees,
1 List all o	officers, directors, trustees, foundation man	agers and their co	mpensation (see pa	ge 22 of the instructi	ions).
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SPENCER 1	KIRK	PRESIDENT/DIRECTOR	0.	0.	0
KRISTEN	KIRK	SECRETARY/TREASURE	0.	0.	0
RONALD M	OFFITT	DIRECTOR	0.	0.	0
	sation of five highest-paid employees (othe enter "NONE."	er than those includ	led on line 1 - see p		tions).
(a) Name and	d address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE		devoted to position		- · -	
		devoted to position			
		devoted to position			
		devoted to position			
		devoted to position			

Total number of other employees paid over \$50,000

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If nor	e, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
AMMA CUMPAM O	36 000
ATTACHMENT 8	36,000
Total number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1_N/A	-
	-
2	-
	-
3	_
	-
4	_
	-
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	-
2	
	- -
All other program-related investments See page 24 of the instructions	
3 NONE	-
	-
Total. Add lines 1 through 3	>

Form	n 990-PF (2009) 20-39206/1		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundation	18,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
	Average of monthly cash balances	1b	10,337.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	10,337.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
-	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	1 ₂	0.
3	Cultimation 2 from the 4d	3	10,337.
4	Cash deemed held for chantable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	155.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	10,182.
6	Minimum investment return. Enter 5% of line 5	6	509.
	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private	e operating	
	foundations and certain foreign organizations check here X and do not complete this p	art)	
1	Minimum investment return from Part X, line 6	1	
	Tax on investment income for 2009 from Part VI, line 5		
b		1	
		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		· · · · · · · · · · · · · · · · · · ·
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
Pa	art XII Qualifying Distributions(see page 25 of the instructions)	<u></u>	
			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		770 507
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		772,597.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	0.
2		1 _ 1	
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		_
а		3a	0.
þ		3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	772,597.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	772,597.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when qualifies for the section 4940(e) reduction of tax in those years	ther the found:	ation

Pa	Part XIII Undistributed Income (see page 26 of the instructions)									
		(a)	(b)	(c)	(d)					
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009					
•	line 7									
	Undistributed income, if any, as of the end of 2009									
2			•	0.						
а	Enter amount for 2008 only									
	Total for pnor years 20 07 , 20 06 , 20 05									
3	Excess distributions carryover, if any, to 2009									
а	From 2004									
b	From 2005									
C	From 2006									
d	From 2007 1, 105, 251.									
e	From 2008									
f	Total of lines 3a through e	2,057,165.		. <u> </u>						
4	Qualifying distributions for 2009 from Part XII,									
	line 4 ▶ \$ 772,597.									
а	Applied to 2008, but not more than line 2a			0.						
	, , ,									
D	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)									
	•									
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)			1						
	A 1 14 0000 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L									
	Applied to 2009 distributable amount	772,597.								
	Remaining amount distributed out of corpus	112,331.								
5	Excess distributions carryover applied to 2009 . (If an amount appears in column (d), the same									
	amount must be shown in column (a))									
6	Enter the net total of each column as									
	indicated below:									
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,829,762.								
b	Prior years' undistributed income Subtract									
	line 4b from line 2b									
С	Enter the amount of prior years' undistributed									
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has									
	been previously assessed									
А	Subtract line 6c from line 6b Taxable		:							
_	amount - see page 27 of the instructions									
е	Undistributed income for 2008 Subtract line			_						
	4a from line 2a Taxable amount - see page 27 of the instructions			0.						
f	Undistributed income for 2009 Subtract lines									
	4d and 5 from line 1. This amount must be distributed in 2010.				0.					
7	distributed in 2010									
•	to satisfy requirements imposed by section									
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the									
8	Excess distributions carryover from 2004 not									
•	applied on line 5 or line 7 (see page 27 of the									
	instructions)		<u> </u>							
9	Excess distributions carryover to 2010.	2 020 760								
	Subtract lines 7 and 8 from line 6a	2,829,762.								
10	Analysis of line 9		1							
а	Excess from 2005 22,212.									
b										
C	Excess from 2007 1,105,251.									
d	Excess from 2008 544, 627.			-						
е	Excess from 2009 772,597.									

Pa	rt XIV Private Oper	ating Foundations(see page 27 of the i	nstructions and Par	t VII-A, question 9)		
	If the foundation has						
	foundation, and the ruling	is effective for 2009, enter	the date of the ruling		. ▶ 04/02/2007		
b	Check box to indicate whe	ther the foundation is a pr	ivate operating foundation	described in section	X 4942(j)(3	3) or 4942(j)(5)	
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total	
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) 10tal	
	I or the minimum investment return from Part X for each year listed		_	-			
ь	85% of line 2a						
_	Qualifying distributions from Part						
·	XII, line 4 for each year listed	772,597.	544,627.	1,105,251.	343,800.	2,766,275.	
d	Amounts included in line 2c not						
	used directly for active conduct of exempt activities						
е	Qualifying distributions made						
	directly for active conduct of						
	exempt activities Subtract line 2d from line 2c	772,597.	544,627.	1,105,251.	343,800.	2,766,275.	
3	Complete 3a, b, or c for the						
а	alternative test relied upon "Assets" alternative test - enter						
-	(1) Value of all assets	3,164.	18,399.	41,033.	4,863.	67,459.	
	(2) Value of assets qualifying						
	under section 4942(j)(3)(B)(i)					0.	
b	"Endowment" alternative test-					<u></u>	
	enter 2/3 of minimum invest-						
	ment return shown in Part X, line 6 for each year listed	339.	1,224.	743.	318.	2,624.	
С	"Support" alternative test - enter						
	(1) Total support other than						
	gross investment income (interest, dividends, rents,						
	payments on securities						
	loans (section 512(a)(5)), or royalties)					<u>0.</u>	
	(2) Support from general						
	public and 5 or more exempt organizations as						
	provided in section 4942 (j)(3)(B)(iii)					0.	
	(3) Largest amount of sup-						
	port from an exempt organization					0.	
	(4) Gross investment income .					0.	
Pa					ation had \$5,000 c	or more in assets	
_		during the year - see		structions.)			
1	Information Regarding					t boother formulation	
а	List any managers of before the close of any	the foundation who h	lave contributed more	than 2% of the total	contributions received	by the foundation	
	_		icy have continued in	1010 (1141) \$0,000) (0	00 00000011 007 (4)(2) /		
_	SPENCER KIF			·	<u> </u>		
p	List any managers of					large portion of the	
	ownership of a partner	snip or other entity) of	which the foundation	nas a 10% or greater	interest		
	NI /70						
2	N/A Information Regarding	Contribution Grant	Gift Loan Scholarshi	n etc. Programs:			
_	<u> </u>			_	able argonizations on	d doos not cocont	
	unsolicited requests f	ne toundation only to	nakes contributions dation makes diffs of	to preselected chart rants etc (see page	able organizations and 28 of the instructions	s) to individuals or	
					20 01 (10 11011001011	o, to individuals of	
_	organizations under other conditions, complete items 2a, b, c, and d The name, address, and telephone number of the person to whom applications should be addressed						
	N/A	a telephone number of	the person to whom a	pplications should be a			
b	The form in which appli	ications should be subr	nitted and information a	and materials they sho	uld include		
_	N/A				<u> </u>		
С	Any submission deadling	nes					
	N/A						
d	Any restrictions or lifactors	mitations on awards,	such as by geogra	phical areas, charital	ble fields, kınds of ın	stitutions, or other	
	N/A						

Form 990-PF (2009)			20-3920671	Page 11
Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or App	roved for f	uture Payment	,
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient	Contribution	
a Paid during the year				
ATTACHMENT 9				
ATTACHMENT 9				
		l		
	İ			
	1			
				İ
			1	
		l		
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	694,335.
b Approved for future payment				
				ł
		1		
		_	▶ 3b	
Total			▶ 2h	1

Form 990-F	PF (2009)			20-	-3920671	Page 12
Part X\	/I-A Analysis of Income-Produ	ucing Act	ivities			
	ss amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
•	am service revenue	(a) Business code	(b)	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
a a	ani service revenue					the motrediens y
а _ b				 		-
о _ С					-	-
d _	-			 		
е –						
f -						
_	ees and contracts from government agencies					
-	pership dues and assessments					
	it on savings and temporary cash investments		4.	,		
	ends and interest from securities					
	ental income or (loss) from real estate					
	ebt-financed property				****	
	ot debt-financed property		-			
	ntal income or (loss) from personal property		1			
	investment income					
	r (loss) from sales of assets other than inventory					
	come or (loss) from special events				· · · · · · · · · · · · · · · · · · ·	
	profit or (loss) from sales of inventory revenue a					
b b	revenue a					
ъ _ С			· · · · · · · · · · · · · · · · · · ·			
d _						
е -				 		
_	tal Add columns (b), (d), and (e)		4.		<u> </u>	
	Add line 12, columns (b), (d), and (e)		·		13	4.
	sheet in line 13 instructions on page 28 to					
	VI-B Relationship of Activities			empt Pur	poses	
Line No	Explain below how each activithe accomplishment of the for page 29 of the instructions.)	ity for whi oundation's	ch income is reported exempt purposes (of	in columr ther than	n (e) of Part XVI-A cor by providing funds for	ntributed importantly to r such purposes) (See
-						
						
				•		
					· -	<u> </u>
						
				···········		
		_				
		_	NOT APPLICABLE	<u> </u>		
		_		-		
		•				
					 -	
			· · · · · · · · · · · · · · · · · · ·		 .	
					····	
			- -			
			<u> </u>			
						
		·				

Part X	VII Information Exempt Orga		Fransfers To and 1	Fransaction	s and Relat	ionships Witl	h Nonc	harit	able
ın	the organization directly section 501(c) of the C panizations? ansfers from the reporting for	ode (other than	n section 501(c)(3) orga	nizations) or in				Yes	No
	Cash						1a(1)		х
	Other assets								Х
b Otl	her transactions								
٠,,	Sales of assets to a noncha	•							X
	Purchases of assets from a								X
	Rental of facilities, equipme						1b(3)	<u> </u>	$\frac{x}{x}$
(4) (5)							1b(5)		Х
• •	Performance of services or						1b(6)		Х
	aring of facilities, equipment,						1c	l	Х
	the answer to any of								
	lue of the goods, other								
val	lue in any transaction of	r sharing arran	gement, show in colum	in (d) the valu	ie of the good	is, other assets,	or servic	es re	ceivea
(a) Line r	no (b) Amount involved	(c) Name of	nonchantable exempt organizat	on (d) D	escription of transfe	ers, transactions, and	shanng arrai	ngemer	nts
	N/A			N/A			_		
			· · · · · · · · · · · · · · · · · · ·						
									-
		<u> </u>							
									
-						 	_		
									
							-		
	the foundation directly or ction 501(c) of the Code (ot							es 🗀	X No
b !f"	'Yes," complete the following		·····		T				
	(a) Name of organization	<u> </u>	(b) Type of organ	iization		(c) Description of rela	tionship		
		· · ·							
				 	i				
Un bel	der penalties of penury, I dec lief, it is true, correct, and com	are that I have explete Declaration	kamined this return, including of preparer (other than taxpa	yer or fiduciary) is	chedules and state based on all infor	ments, and to the branch of which pre	est of my hoparer has a	knowled any kno	ige and wiedge
	Man	<u> </u>	//		11.11	11/106	<u>~</u>		
e 🖊	Signature of officer or trustee			Date		Title	rer's identif	vina	
Sign Here	Preparer's signature	Stan Van	olin Tarlen	Date 02/23/201	Check if self-employ	red ►X number	er (See Sign of the instr 533084	ature o	on)
Signal Prepare	Firm's name (or yours it	PRICE	WATERHOUSECOOPER	S LLP	1		08324		
6	self-employed), address	$\frac{7}{201} \text{ S}$	OUTH MAIN STREET LAKE CITY, UT		0 34111	Phone no 801		666	
		SALI	LAKE CITY, UT) - 1 T T	TEURIGIE IIO 001	-JJ1-9		(0000)

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Department of the Treasury		<u> </u>								
Name of the organization		Employer Identif	ication number							
KIRK HUMANITARIAN										
		20-392067	1							
Organization type (check o	ne)									
Filers of:	Section:									
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a pr	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization	527 political organization								
Form 990-PF	X 501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation	01(c)(3) taxable private foundation								
	covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule See								
General Rule										
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5 y one contributor. Complete Parts I and II	,000 or more (in money or								
Special Rules										
sections 509(a)(1)	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % so and 170(b)(1)(A)(vi), and received from any one contributor, during the (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-	year, a contribution of the	greater							
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received fite contributions of more than \$1,000 for use exclusively for religious, uses, or the prevention of cruelty to children or animals. Complete Parts	charitable, scientific, literar								
the year, contribu aggregate to more year for an exclus applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received fitting for use exclusively for religious, charitable, etc., purposes, but the than \$1,000. If this box is checked, enter here the total contributions the sively religious, charitable, etc., purpose. Do not complete any of the paranization because it received nonexclusively religious, charitable, etc., or the contribution of the paranization because it received nonexclusively religious, charitable, etc., or the contribution of the paranization because it received nonexclusively religious, charitable, etc., or the contribution of the paranization because it received nonexclusively religious, charitable, etc., or the contribution of the contribut	ese contributions did not nat were received during the ts unless the General Ru contributions of \$5,000 or m	e ule							
990-EZ, or 990-PF), but it n	at is not covered by the General Rule and/or the Special Rules does no nust answer "No" on Part IV, line 2 of its Form 990, or check the box on PF, to certify that it does not meet the filing requirements of Schedule B	line H of its Form 990-EZ,								
For Privacy Act and Paperwork R	eduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ,	or 990-PF) (2009)							

for Form 990, 990-EZ, or 990-PF

•	٥f	Part
U		rail

Name of o	rganization KIRK HUMANITARIAN	Employer identification number 20-3920671	
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SPENCER KIRK 2412 HAVEN LANE HOLLADAY, UT 84117	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

ATTACHMENT 1

NAME AND ADDRESS

DATE

VARIOUS

DIRECT PUBLIC SUPPORT

125,000.

SPENCER KIRK 2412 HAVEN LANE HOLLADAY, UT 84117

TOTAL CONTRIBUTION AMOUNTS

125,000.

ATTACHMENT 1

ATTACHMENT 2

ATTACHMENT 2

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

DESCRIPTION		REVENUE AND EXPENSES PER_BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	
RAYMOND JAMES			, 4, 4.	7	4.
	TOTAL	7	4.	7	4.

ATTACHMENT 3

ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE AND

EXPENSES PER BOOKS

36,000.

36,000.

TOTALS

JOHN PINGREE

DESCRIPTION

36,000.

CHARITABLE PURPOSES

36,000.

PAGE 19

ATTACHMENT 4

20-3920671

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES	PER BOOKS 60.	2,000.	231.	13,363.	. 16	160.	6,406.	2,888.	1,654.	8,232.	35,091.
											TOTALS
	DESCRIPTION BANK FEE	DPRK COMMUNICATION FEE	MEALS & ENTERTAINMENT	SHIPPING	SUPPLIES	LAB ANALYSIS	LABEL DESIGN & TRANSLATION	STORAGE	WEB SITE MAINTENANCE	WEB SITE AMORTIZATION	

CHARITABLE <u>PURPOSES</u> 60. ADJUSTED NET INCOME 60.

90.

PAGE 20

KIRK HUMANITARIAN

- OTHER ASSETS PART II FORM 990PF,

DESCRIPTION

WEBSITE ACCUMULATED AMORTIZATION

TOTALS

ATTACHMENT 5

ENDING BOOK VALUE

24,697. -16,465.

8,232.

ATTACHMENT 5

KIRK HUMANITARIAN

20-3920671

FORM 990PF, PART II - OTHER LIABILITIES

ATTACHMENT 6

DESCRIPTION

ENDING BOOK VALUE

LOANS PAYABLE - SFK

710,000.

TOTALS

710,000.

20-3920671

ATTACHMENT 7

DIRECT PUBLIC SUPPORT PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS DATE NAME AND ADDRESS FORM 990PF,

125,000.

VARIOUS

TOTAL CONTRIBUTION AMOUNTS

SPENCER KIRK 2412 HAVEN LANE HOLLADAY, UT 84117

125,000.

PAGE 23

KIRK HUMANITARIAN 20-3920671

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

ATTACHMENT 8

NAME AND ADDRESS

TYPE OF SERVICE COMPENSATION

JOHN PINGREE

PROFESSIONAL FEES 36,000.

TOTAL COMPENSATION

36,000.

20-3920671

FORM 990PF, PART XV - GRANTS AND CONTRIBITIONS PAID DURING THE YEAR

70,000 72,806 551,529 AMOUNT ATTACHMENT 9 TOTAL CONTRIBUTIONS PAID TO FULFILL THE PURPOSE OF THE FOUNDATION TO FULFILL THE PURPOSE OF THE FOUNDATION TO FULFILL THE PURPOSE OF THE FOUNDATION PURPOSE OF GRANT OR CONTRIBUTION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

MAGNO HUMPHRIES

501(C)(3)

NONE 501 (C) (3)

EUGENE BELL FOUNDATION

GLOBAL RESOURCES

501(C)(3) NONE

694, 335.

•

ATTACHMENT 9 PAGE 24

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the T Internal Revenue Se		File a separate application for each return.						
■ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unlessou have already been granted an automatic 3-month extension on a previously filed Form 8868. 								
Part I Auto	matic 3-	Month Extension of Time. Only submit onginal (no copies needed).						
	A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete							
Part I only	Part I only							
All other corpo		including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 turns.	004 to req	juest an extension of				
one of the ret electronically i returns, or a co	turns note f (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month autoed below (6 months for a corporation required to file Form 990-T). However, want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and on the electronic filing of this form, visit www.irs.gov/efile	er, you ca 990-BL, 60 disigned pa	nnot file Form 8868 069, or 8870, group age 2 (Part II) of Form				
Type or	Name of	Exempt Organization	Employer	identification number				
print	20-3	920671						
File by the	Number,	street, and room or suite no. If a P.O. box, see instructions						
due date for filing your		SOUTH MAIN STREET, SUITE 1100						
return See Instructions	•	n or post office, state, and ZIP code. For a foreign address, see instructions						
		T LAKE CITY, UT 84111						
	Check type of return to be filed (file a separate application for each return)							
Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227								
Form 990-EZ Form 990-T (trust other than above) Form 6069								
X Form 990-PF Form 1041-A Form 8870								
The books are in the care of								
Telephone	No ►_	FAX No ▶						
_		es not have an office or place of business in the United States, check this box Return, enter the organization's four digit Group Exemption Number (GEN)		▶ □				
	•	<u></u>						
for the whole ignames and EIN		embers the extension will cover.	id attach a	list with the				
1 I reques	st an a	utomatic 3-month (6 months for a corporation required to file Form $02/15$, 2011 , to file the exempt organization return for the organization 's return for						
► X	▶							
2 If this tax	year is fo	less than 12 months, check reason Initial return Final return	Change	in accounting period				
		is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, dits. See instructions	less any	3a \$ 0.				
		is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	payments	· · · · · · · · · · · · · · · · · · ·				
	•	prior year overpayment allowed as a credit	•	3b \$ 0.				
		tract line 3b from line 3a Include your payment with this form, or, if required	, deposit					
		or, if required, by using EFTPS (Electronic Federal Tax Payment System	∍m) See					
instruction				3c \$ <u>0</u> .				
		to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO an	d Form 887	′9-EO				
for payment ins								
For Privacy Ac	t and Pap	erwork Reduction Act Notice, see Instructions.		Form 8868 (Rev 4-2009)				

Form 8888	3 (Rev 1-2011)				Page 2
	are filing for an Additional (Not Automatic) 3-Ma	onth Extensi	on, complete only Part II and che	ck this box	▶ X
	nly complete Part II if you have already been gran				. —
	are filing for an Automatic 3-Month Extension,			·	
Part II	Additional (Not Automatic) 3-Month E	xtension o	f Time. Only file the original (no	copies needed).	
Туре о	Name of exempt organization			Employer identification	number
print	KIRK HUMANITARIAN			20-3920671	
File by the	Number, street, and room or suite no If a P O. bo	ox, see instruct	lons.		
extended due date f	or 201 SOUTH MAIN STREET, SUITE	1100			
filing your	City, town or post office, state, and ZIP code. For	a foreign addi	ress, see instructions.		
retum. Se Instruction					
Enter th	e Return code for the return that this application is	for (file a se	parate application for each return)		0}
Applica	tion	Return	Application		Return
is For		Code	ls For		Code
Form 99	90	01			
Form 99	90-BL	02	Form 1041-A		08
Form 99	90-EZ	03	Form 4720		09
Form 99	90-PF	04	Form 5227		10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 9	90-T (trust other than above)	06	Form 8870		12
STOPI	Do not complete Part II if you were not already g	ranted an au	itomatic 3-month extension on a pr	eviously filed Form 88	68
• The	books are in the care of ▶ JAKE JENKINS				
	phone No. ▶		FAX No. ▶	···	
	organization does not have an office or place of				▶∐
	s is for a Group Return, enter the organization's fo	-	· · · · · · · · · · · · · · · · · · ·	. If thi	s Is
	whole group, check this box , ▶ 🔲 .		rt of the group, check this box	▶ and atta	ach a
list with	the names and EINs of all members the extension	n is for.			
4 1	equest an additional 3-month extension of time un	ntil	05/15_,		
	or calendar year, or other tax year beginn		07/01 , 20 09 , and ending		20 <u>10</u> .
6 If	the tax year entered in line 5 is for less than 12 mo	onths, check	reason: Initial return	Final return	
7 S	tate in detail why you need the extension DUE	TO LACK	OF SUFFICIENT ACCOUNTING	;	
_	INFORMATION, IT WOULD BE IMPOSSI	BLE TO F	ILE A COMPLETE AND ACCUR	ATE	
	RETURN AT THIS TIME.				
	this application is for Form 990-BL, 990-PF,	990-T, 4720	, or 6069, enter the tentative ta	· · · · · · · · · · · · · · · · · · ·	_
_	onrefundable credits See instructions.			8a \$	0.
	this application is for Form 990-PF, 990-T			建造型	
	stimated tax payments made. Include any p	prior year o	overpayment allowed as a credit	· 	_
	mount paid previously with Form 8868.			8b \$	0.
	alance Due. Subtract line 8b from line 8a. Includ		nent with this form, if required, by u		_
<u>(E</u>	Electronic Federal Tax Payment System). See inst			8c \$	0.
		_	id Verification		
•	enaities of perjury. I declare that I have examined this form correct, and complete, and that I am authorized to prepare this	_	companying schedules and statements, and	to the best of my knowled	ge and belief,
it is uue,	I I I I I I I I I I I I I I I I I I I	ioni			
	+ CiAta Lu SANTA		Taylagia	- all	1/2011
Signature			Tille Tax Manage	γ Date ► ∠ 1 9	12011
	PRICEWATERWOUSECOOPERS LLP		O	Form 8868	(Rev 1-2011)
	201 SOUTH MAIN STREET, SUITE 9	9 00			
	SALT LAKE CITY, UT 84111				